

Application or Docket Number
10/518128

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

U.S. NATIONAL STAGE FEES	(Column 1)	(Column 2)
BASIC FEE	SMALL ENT. = \$ 150	LARGE ENT. = \$ 300
EXAMINATION FEE	Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100	All other situations = \$ 100 / \$ 200
SEARCH FEE	U.S. is ISA = \$ 50 / \$ 100 ALL other countries = \$ 200 / \$ 400	All other situations = \$ 250 / \$ 500
FEE FOR EXTRA SPEC. PGS.	minus 100 =	/ 50 =
TOTAL CHARGEABLE CLAIMS	4 minus 20 =	
INDEPENDENT CLAIMS	2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is

RATE	FEE
BASIC FEE	
EXAM. FEE	
SEARCH FEE	
X \$ 125 =	
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL	

	RATE	FEE
OR	BASIC FEE	300
	EXAM FEE	200
	SEARCH FEE	400
	X \$ 250 =	
OR	X \$ 50 =	
OR	X \$ 200 =	
OR	+ \$ 360 =	
OR	TOTAL	900

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
<p>1. Name of the applicant:</p> <p>2. Address of the applicant:</p> <p>3. City and State:</p> <p>4. Date of filing:</p> <p>5. Name of the inventor:</p> <p>6. Address of the inventor:</p> <p>7. City and State:</p> <p>8. Date of invention:</p> <p>9. Name of the assignor:</p> <p>10. Address of the assignor:</p> <p>11. City and State:</p> <p>12. Date of assignment:</p> <p>13. Name of the assignee:</p> <p>14. Address of the assignee:</p> <p>15. City and State:</p> <p>16. Date of assignment:</p> <p>17. Name of the assignor:</p> <p>18. Address of the assignor:</p> <p>19. City and State:</p> <p>20. Date of assignment:</p> <p>21. Name of the assignee:</p> <p>22. Address of the assignee:</p> <p>23. City and State:</p> <p>24. Date of assignment:</p> <p>25. Name of the assignor:</p> <p>26. Address of the assignor:</p> <p>27. City and State:</p> <p>28. Date of assignment:</p> <p>29. Name of the assignee:</p> <p>30. Address of the assignee:</p> <p>31. City and State:</p> <p>32. 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AMENDMENT A	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	
Total	*	Minus	**	=	
Independent	*	Minus	***	=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADDIT. FEE	

	RATE	ADDITIONAL FEE
OR	X \$ 50 =	
OR	X \$ 200 =	
OR	+ \$ 360 =	
OR	TOTAL ADDIT. FEE	

AMENDMENT B	(Column 1)		(Column 2)		(Column 3)
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA
Total	*	Minus	**		=
Independent	*	Minus	***		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>					

RATE	ADDITIONAL FEE
X \$ 25 =	
X \$ 100 =	
+ \$ 180 =	
TOTAL ADJ. FEE	

	RATE	ADDITIONAL FEE
OR	X \$ 50 =	
OR	X \$ 200 =	
OR	+ \$ 360 =	
OR	TOTAL ADDIT. FEE	

- FORM PTO-875 (Rev. 02/2005)